



REQUEST FOR TITLE XVIII (MEDICARE) INFORMATION

Medicare crossover payment information is an exchange of claim information between Medicare and Medicaid. If the Medicaid enrollee has Medicare as their Primary/Secondary carrier, the Medicare information is transferred to Medicaid for remaining payment, thus eliminating the need for claim submission. First Health Services is requesting information from you to automate the payment of claims paid by Medicare for Recipients that are also eligible under the Virginia Medical Assistance Program. Please indicate your Medicare number, if you have been assigned one, by your Medicare intermediary. You will not be reimbursed for Medicare crossover claims unless you supply this number. The Medicare number you indicate below will be the number that Medicaid will use to reimburse you for Medicare crossover claims. Please allow 30 days for processing of the Medicare Information Form and commencement of automated Medicare crossover.

PROVIDER NAME _____

MEDICAID PROVIDER NUMBER _____

LEAVE BLANK, IF NUMBER PENDING

MEDICARE CARRIER _____

MEDICARE PROVIDER NUMBER _____

TELEPHONE # _____

SIGNATURE _____ **DATE** _____

Please return the completed form to:

**First Health
VMAP-PEU
PO Box 26803
Richmond, Virginia 23261-6803**

804-270-7027 (Fax)